

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011146

STATE FILE NUMBER

2 2941

APR 6 1959

Registration District No.

Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis, Missouri</u> TOWN		c. CITY OR TOWN <u>Madison</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>132 Grenzer Homes,</u>	
3. NAME OF DECEASED (Type or print) First <u>Joslyn Lee</u> Middle <u>Litterst</u> Last		4. DATE OF DEATH Month <u>3</u> Day <u>21</u> Year <u>1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/4/50</u>
9. AGE (In years last birthday) <u>9 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (City and state or country) <u>Ever Green Park, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Edward Litterst</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Shadt</u>	
14. NAME OF HUSBAND OR WIFE <u>never married</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Ida Toibb, 500 S. Kingshighway</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral edema & anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pneumococcal meningitis</u> DUE TO (c) <u>340.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atelectasis & bronchopneumonia (respirator 11 day)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 day</u> <u>15 day</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:25</u> a.m. <u>P.M.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis, Missouri</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Missouri</u>	
21. I attended the deceased from <u>3/10/59</u> to <u>3/21/59</u> and last saw her alive on <u>3/21/59</u> Death occurred at <u>9:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Richard H. Hoppe, M.D.</u>	
22b. ADDRESS <u>500 S. Kingshighway</u>		22c. DATE SIGNED <u>3/22/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-24-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ste. Genevieve, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, 4700 Washington Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 23 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Richard H. Hoppe, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer .

Signed *James O. Heeling*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.